

NASDDDS Waiver Recommendations

In 2000, Iowa DHS requested NASDDDS conduct a review of its 6 HCBS waiver programs to explore how waivers could be used to support populations currently not served, including individuals with developmental disabilities who did not have an intellectual disability. Some of the key recommendations from that review follow.

Case Management

Recommendation: DHS should analyze the expenditure of state and local funds for case management services that are coverable under Medicaid (including the new option to cover 180 days of service prior to placement from an institutional setting) and explore making changes to the existing case management system to enhance reimbursement for activities that are already occurring. In conjunction with stakeholders, DHS should explore the options—targeted, waiver and administrative case management—to determine which option makes the most sense for each target group.

Recommendation: DHS should carefully review—with stakeholder input—the policies around permitting case management providers to deliver direct services to persons they case manage. DHS may wish to review the quality and effectiveness of this model and to give consideration to either removing the conflict of interest or instituting some actions that can minimize the potential for conflicts of interest and lack of authority.

Financing Services

Recommendation: DHS should conduct an in-depth analysis of what types of services are being purchased with state or county funds. Detailed data are needed to determine what types of potentially waiver-coverable services are being purchased for waiver- eligible individuals that could be used as match for federal funds. In the interim, DHS should immediately amend the existing MR and Physical Disabilities waivers to include day habilitation, transportation, and other coverable day and vocational services currently funded through state and local funds.

Recommendation: DHS and the counties should conduct a review of individuals currently served with state or local funds to ascertain if additional federal funds can be leveraged for these services.

Recommendation: DHS should review Iowa's average annual expenditures and level of effort in the Home and Community Based waivers since it appears to be lower than national averages, particularly for persons with mental retardation and the elderly. This information may be useful in determining the need to increase resources to serve individuals through the waivers.

Financing Services (continued)

Recommendation: DHS should move to managing the waivers using an aggregate average, rather than setting “hard” caps on expenditures, either on a monthly or annual basis, as long as the waiver overall is cost effective and within budget parameters set by the Legislature. At the local level, counties should also be permitted to manage to an average cost per person, as long as the expenditure does not exceed their budgets, and in aggregate, the entire waiver budget.

Recommendation: DHS should remove service-specific and monthly caps and institute annualized caps as a way of increasing the flexibility of the waivers. Permitting individuals to work within an annual cap—in effect, an annual “budget”-- would allow more individualization and ability to match service intensity to changing needs.

Recommendation: DHS should revise the waivers to reflect that they will be managed using the “within available appropriations” option rather than setting an absolute cap on the number of persons to be served during any waiver year. This option would increase flexibility and access while still maintaining cost controls.

Eligibility

Recommendation: DHS should explore including persons with developmental disabilities who are not mentally retarded in the core group served. Some of these individuals are already being served through a variety of “back-door” methods such as through the Physical Disabilities waiver, the Brain Injury waiver and the Ill and Handicapped waiver. Upfront inclusion of these individuals would improve equity of access to waiver services. Additionally some counties already fund these individuals with county-only funding which could serve as match for federal funds through the waivers.

Recommendation: DHS should analyze the expenditure of state and local funds for case management services that are coverable under Medicaid (including the new option to cover 180 days of service prior to placement from an institutional setting) and explore making changes to the existing case management system to enhance reimbursement for activities that are already occurring. In conjunction with stakeholders, DHS should explore the options—targeted, waiver and administrative case management—to determine which option makes the most sense for each target group.

Quality Improvement & Management

Recommendation: For each of the waivers, DHS should compile a Quality Assurance Manual that includes the quality assurance activities of state, county and provider staff performed on behalf of waiver participants.

Recommendation: Consumer satisfaction information should be consistently collected and analyzed for all the populations served through the waivers.

Recommendation: DHS should review each of the waiver policies, procedures and activities, perhaps using the Outcome-Based Review as a general guide, to determine if proper policies, procedures, and actual reviews are in place assuring consumers understand and exercise their rights.

Recommendation: DHS should review the policies and procedures for examining deaths that occur in all community settings to ensure that a process is in place to investigate deaths and to develop appropriate prevention strategies in response to those investigations.

Recommendation: In addition to compiling and reviewing incidents of abuse and neglect, Iowa DHS should pursue a system that reports and analyzes "critical incidents" in order to assure safety and well-being and as a means to target intervention and prevention efforts.

Quality Improvement & Management (continued)

Recommendation: Provider contracts, whether written by the state, county, or any other entity should follow the same format and have the same quality and outcome requirements, and sanctions for nonperformance.

Recommendation: DHS should explore instituting an Outcome Based Review process for all waivers similar to that used in the HCBS-MR and HCBS-BI waivers, taking into account the availability of labor and other resources.

Recommendation: Although there is evidence that DHS reviews and verifies provider qualifications and quality assurance activities, a review of procedures and activities for assuring provider qualifications and performance against the items in HCFA's "Regional Office Protocol for Conducting Full Reviews of State Medicaid Home and Community-Based Services Programs" may be worthwhile.

Recommendation: DHS should review the quality and comprehensiveness of information collected on the central abuse registries for children and adults and use this information in assessing patterns of abuse and neglect as well as to determine the adequacy of the disposition of the cases.

Consolidate Waivers

Recommendations for consolidation:

- Expand the MR waiver into a DD waiver in order to accommodate individuals with developmental disabilities such as persons with autism spectrum disorders and brain injury.
- Create a Nursing Facility (NF) waiver, serving all individuals who meet either an intermediate or skilled NF level of care.
- Fund services for those individuals currently served through the Ill and Handicapped or Physical Disabilities waivers in the DD waiver or NF waiver.
- With stakeholder input regarding programmatic impact, review collapsing the BI waiver into the DD and NF waivers (the latter would provide a funding mechanism for services for persons with brain injury who do not meet the DD definition in terms of age of onset).
- Review the cost implications of serving individuals with brain injury on the other waivers to ascertain if the funding levels in the NF waiver would be adequate.
- Consider retaining the AIDS/HIV waiver due to the special nature and cost considerations of this population.

Eligibility under Consolidated Waivers

Recommendation: Based on recent HCFA changes in regulatory interpretations regarding the date of eligibility, DHS may wish to amend the eligibility materials in all the waivers to permit the use of “provisional” plan of care to permit billing for waiver services at the earliest possible eligibility date.

Level of Care under Consolidated Waivers

Recommendation: As DHS looks toward consolidating the waivers, it would make sense to pursue a simplified level of care screening, particularly for the nursing facility level of care.

Provider Qualifications

Recommendation: DHS should consider expanding the array of qualified provider for services to non-agency-based individuals, and to family members and relatives consistent with the Consumer Directed Attendant Care.

Covered Services

Recommendations:

As a first step, DHS should review the existing service menus with consideration given to expanding the supports and services covered under each of the waivers. This would permit greater flexibility in designing individualized services. Specific changes might include:

- Offering habilitation services to individuals with brain injury and individuals with physical disabilities who meet the NF level of care.
- Offering a variety of skilled services such as nursing, counseling, nutritional counseling, and behavioral programming under all the waivers.
- Making assistive devices, home and vehicle modifications and specialized medical equipment available to more populations.
- Allowing for the inclusion of “non-traditional service providers”

A second step would be redefinition of the current discrete categories into broad definitions that afford more flexibility over the types of services (and potentially types of providers) permitted under the waivers.